

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: NORTHERN RESIDENCE (510323)

Address: 6857 S CO RD E PO BOX 160, HAWTHORNE, WI 54842

License Status: REGULAR

Licensed/Certified/Registered 05/20/1995

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0090986 **End Date:** 09/02/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006311 Served 09/15/2003

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 50.065(2)(d) | MAINTAIN BACKGROUND INFORMATION | | |
| 83.14(1)(a) | CLIENT RELATED TRAINING | | |
| 83.14(1)(c) | UNIVERSAL PRECAUTIONS | | |
| 83.14(1)(d) | FIRE SAFETY, FIRST AID & CHOKING | | |
| 83.14(2) | TRAINING DIETARY NEEDS & MENU PLANNING | | |
| 83.41(4)(b)2 | GAS FURNACE SERVICED EVERY 3 YEARS | | |
| 83.42(3)(e) | QUARTERLY FIRE DRILLS | | |
| 83.43(3)(b)1 | TESTING BY SERVICE COMPANY | | |

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 09/12/2003 **SOD #**10006311 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(2)
FORFEITURE---83.14(7)(b)

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